PRINTED: 6/27/2023 FORM APPROVED 2567-L

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		396120			00.	04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, F	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0000 F 0550 SS=D	Based on a Medicare/N Survey, Civil Rights C Licensure Survey, com was determined that Ph compliance with the re 483, Subpart B, Requir Facilities and the 28 Ph Pennsylvania Long Ter Regulations related to a survey process.	ompliance Survey and pleted on April 24, 2 noebe Wyncote, was quirements of 42 CF rements for Long Te A Code, Commonwerm Care Licensure the health portion of	nd State 2023, it not in FR Part rm Care ealth of	F 0550	TITLE:	(X6) DATE:	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 1 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	· · · ·			(X3) DATE SURVEY COMPLETED:	
		396120				04/24/2023	
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F 0550	Continued from page 1			F 0550			
SS=D	483.10(a)(1)(2)(b)(1)(2) Research Resident Rights. The resident has a right to a self-determination, and compersons and services inside including those specified in §483.10(a)(1) A facility mu respect and dignity and care and in an environment that penhancement of his or her quesident's individuality. The promote the rights of the resident's individuality. The promote the rights of the residentical policies and practic discharge, and the provision plan for all residents regardles §483.10(b) Exercise of Righther The resident has the right to resident of the facility and a United States. §483.10(b)(1) The facility in exercise his or her rights wirdiscrimination, or reprisal fire	dignified existence, imunication with and account outside the facility, this section. In the foreach resident with a foreach resident in a moreomotes maintenance of the facility must protect and facility must protect and facility must protect and facility must protect and facility must provide equal access agnosis, severity of condy must establish and mades regarding transfer, and for services under the Steless of payment source. Ints. In exercise his or her rights a citizen or resident of the facility must ensure that the residence of the facility is a citizen or resident of the facility of the	cess to th hanner r g each d s to dition, intain tate ts as a The		-Drainage bag was placed in bag that was already in resideroom -Resident list reviewed. All residents with a urine draina have a dignity bag in useNursing staff will be educate ensure dignity bags are in useraDON/DON will audit more (all residents with a urine drabag - 100%) and results will presented in QAPI x4	ent's other ge bag ted to tee nthly of ainage	Completion Date: 06/23/2023 Status: APPROVED Date: 05/18/2023

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 2 of 76

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F 0550 SS=D	Continued from page 2			F 0550			
	§483.10(b)(2) The resident interference, coercion, discr facility in exercising his or by the facility in the exercisunder this subpart. This REQUIREMENT is not be a subpart of the facility in the exercisunder this subpart.	imination, and reprisal f her rights and to be supp e of his or her rights as i	from the ported				
F 0600				F 0600			
SS=G							

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 3 of 76

	TEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLI IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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РНОЕВЕ У	VIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
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F 0600 SS=G	Continued from page 3 483.12(a)(1) Free from Abu §483.12 Freedom from Abu The resident has the right to misappropriation of residen defined in this subpart. Thi freedom from corporal puni and any physical or chemica the resident's medical symp §483.12(a) The facility mus §483.12(a)(1) Not use verba abuse, corporal punishment. This REQUIREMENT is no	se, Neglect, and Exploit be free from abuse, neg t property, and exploitat is includes but is not limit shment, involuntary sec all restraint not required to toms.	glect, ion as ited to lusion to treat	F 0600	-Upon learning of fall and subsequent xray results, resi was transferred to hosp for appropriate treatmentNursing staff is being intervas to if they have ever not refall and if they have ever be by anyone not to report a fall-Staff (min of 85%) to be reon importance of immediate reporting incidents/accidents ADON/DON/Nursing Super continue to review 24 hr repany progress notes indicating incident/accident has occurre-DON/ADON will audit more report findings in QAPI x4	viewed eported a en told leducated ely s. rvisor will ort for g an ed.	Completion Date: 06/23/2023 Status: APPROVED Date: 05/18/2023

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 4 of 76

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F 0600	Continued from page 4		F 0600				
SS=G	Based on clinical recorreview of facility polic documentation, it was failed to ensure that Reneglect related to a Regimmediately assess the of a fall sustained by the transferred the resident without an assessment possible injuries, causing pain. The facility's failer assessment for Resider when the resident expert treatment for one of 17 (Resident R29) Findings include: Review of facility polic Prevention, Investigating 29, 2022, revealed that that all alleged violation neglect, or abuse, includent review of facility policing policy.	ies, and review of fadetermined that the desident R29 was free gistered Nurse failing resident after being he resident. Facility stoff the ground to the from a Registered Nurse to complete a time at R29, resulted in hat residents reviewed. The residents reviewed. "The facility must one involving mistread pairs involving mistread determined to the resident of the residents reviewed."	facility facility facility from g to notified staff he bed furse for ream with hely arm, lelay in				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 5 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 04/24/2023	EY
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102	STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN				
PREFIX MUST BE PRECEEI	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	IOULD BE	(X5) COMPLETE DATE
SS=G Source and misappropare reported immediate facility and to other or Review of facility polarogram" last revised Definition of a Fall polarogram last revised Definition of a Fall polarogram, floor or or onto a bed, chair, or bound witnessed, reported by or identified when a reground Review of facility does Department of Health revealed: resident laround 0500am Review of Resident Review of Review of Resident Review of Review of Review of Review of Resident Review of Review of Review of Review of Review of Review Review of Review of Review of Review of Review of Review of Revie	icy "Fall Managemer My 13, 2022, revealed the RAI Manual: in position coming to the next lower suredside mat). The fall by the resident or an object of the resident of th	tor of the nt ed: o rest on rface (i.e. may be oserver e floor or to the 3, 23 at evealed y on left	F 0600			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 6 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 396120			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/24/2023		
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F 0600 SS=G	brain to shrink and bradementia (usually progethe development of measurement of measurement of Review of Resident Radius December 26, 2022, reconsidered a moderate interventions recomment non-skid footwear, frevisualization of staff, but Review of Resident Radius Radi	gressive condition manufiple cognitive deficit) with severity and be eakness, history of factorial assessment, as evealed that the residential formation of falls. The ended included a "low quent checks, sit in broad chair, chair local company of the ended included a "low quent checks, sit in broad chair, chair local ended in the ended included as a prevent of the ended included as a prevent of the ended included that the resident continued review of the enterpolity and limited assistant and limited assistant continued review of the enterpolity and limited assistant continued review of the	arked by eits such behavioral alling. dated ent was w bed, ked." um Data eds) esident tus) was the MDS e stance	F 0600			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 7 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 396120				IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/24/2023		
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F 0600 SS=G	Review of Resident R2 February 6, 2023, reve history of falls/injury a needs. The intervention side rails to bed as ena participate in activities minimize the potential was wearing appropria and provide slipper soo indicated for nighttime Review of nursing note 7:00 a.m. [late entry] re called to nurse resident next to her bed with bl and symptoms) of injur Resident assisted back supervisor made aware Review of the next ava February 26, 2023, at a cried out in pain during extremities. Assessment	aled that the resident and was unaware of some developed include blers, encourage and for social settings that for falls, ensure that the footwear while outless or non-skid slippe and hourly checks. The dated February 26, evealed "CNA (nurse tobserved laying on ankets over her, no stry, no c/o (complaint to bed. Nsg (nursing et.") The dated February 26 is a set of lower tobal strong to be and the strong tobal strong to be and the strong to be and the strong tobal strong to be a set of lower tobal strong to be	safety ed half l assist to at resident at of bed ers as 2023 at e aide) floor s/s (signs t) pain. g) dated Resident er	F 0600			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 8 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 396120				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/24/2023	EY	
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F 0600 SS=G	Continued from page 8 (bilateral) knees, R. (rierythema noted. Resident's physician was obtained for X-ray to be Review of a Nursing mat 1:02 p.m. revealed: left inner thigh, stating pain during assessment Assessment revealed were R>L, no bruising or er medicated for pain as patches placed to b/l ker Call out to [Doctor's Ophysician Order give X-Ray to B/L knee and comfortably in chair, were Continued review of new February 27, 2023, at a results of the X-ray reversidation of the subcapt Orders were obtained in the subcapt of the subcapt or the subca	ent medicated for paras contacted and order as contacted and order as contacted and order as contacted and order as contacted and order and the contact of lower extremities as a contact of lower extremities as a contact of lower extremities as a contact and the contact	in." The ers were ft hip. 6, 2023 ointing to cried out in s. nees, ent ocaine noted. In call iffied for resting tor. In dated the cute neck.	F 0600			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 9 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER 396120			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/24/2023		
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F 0600 SS=G	transferred to the local Review of nursing doc 2023, revealed that the informed that after inv determined that the res that caused her hip frac By not having a Regist R29 following an unw and a delay in care and not have an x-ray repo minutes from the initia caused actual harm, to to Resident R29 who we femoral neck fracture. Review of physician's revealed that the reside facility after "a fall res fractures. She had a let on February 28, 2023."	eresident's daughter versident's daughter versident's daughter versident had a fall in he cture. The tered Nurse assess Resident had a fall caused ut treatment. Resident at read until 23 hours all fall. The lack of assundue pain and delay was diagnosed with a motes dated March 6 tent was re-admitted total hip replacement total hip replacement.	arch 1, was y er room esident undue pain R29 did s and 10 seessment in care left , 2023, o the neck	F 0600			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 10 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 90		(X3) DATE SURVEY COMPLETED:	
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F 0600	Continued from page 10		F 0600				
SS=G	Employee E11, Nurse dated February 27, 202 was doing my rounds a screaming and I stop to so I kept on to the net [next] roor room I hard [heard] sorthe nurse was out in the hall and I asl looking for where the nurse whent [sic - went] in [I was right behind her at on the floor with both of her so I start helping me so when I try to purshe start screaming mothave to send her out shourse walk out the roor so I got [Resident R29] work so the next night the nurse came to me a R29] in bed because x	23 (11pm-7am) reveal and I hard [heard] so to listen I didn't hear a so when I came or reaming again but the consist was coming from the same time she was the rall the way in the said ok the m told the nurse super lack in bed i finish well that night where and ask can I put [Re	aled "I meone anything ut the is time we start om so the and i was laying y on top art helping ne bed ng to ervision a my a i came in sident				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 11 of 76

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F 0600 SS=G	her but never did and mext shift i thought ever xray was coming." Review of a witness state 2023, by Nursing Superevealed "I regret that and assess the situation Resident R29 was confident My thinking was that sup wondering through residents rooms." The Registered Nurse assessing Resident 29 possible injuries after sustained by the resident without an assessment causing harm to the respain and still continued symtoms of pain six horizontal parts of the symtoms of pain six horizontal parts of the sustained symtoms of pain six horizontal parts of the symtoms of pain six horizontal parts of the sustained symtoms of pain six horizontal	atement, dated February Supervisor, Employee El did not immediately a keeping in mind that fused and may have the was resting and not the hall and going in Supervisor confirme on February 26, 2020 being notified of a fant. Facility staff there off the ground to the from a Registered Notice of the demostrate signs at the demostrate signs.	e they said ary 27, 15, y get up at fallen. at getting at other d not 3 for all a then e bed furse, l out in	F 0600			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 12 of 76

***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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F 0600	Continued from page 12		F 0600				
SS=G	Interview on April 21, aide, Employee E11, c aide assigned to Reside Resident R29 wrapped her floor mattress and resident bed was in low "complaint of her pain bleeding, bruising. I to her out." Review of a witness st. 2023, by Licensed Pracrevealed "It was around into the room; it looked have either gotten twist or got up to walk and godoes get up at night to room and we have to roher legs and then she s I lifted up her gown to unusual and did passag she was agitated that I can be her usual behav	ent 29 and that she was ent 29 and that she for up in a blanket rolle screaming for help. It is position, Resident in her leg, there was lid the nurse we need attement dated Februatical Nurse, Employed 5:00 a.m. we both delike [Resident R29 ted up and fell from got twisted. [Resident wonder into other pere-direct her I did Raid something about see if I could see any ge ROM of her arm, was touching her at	as a nurse bund ed over The R29 s no I to send ary 27, wee E9, went I may the bed t R29 eople's OM of her arm. ything because				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 13 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 396120			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 04/24/2023	ΕY	
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F 0600	Continued from page 13		F 0600				
SS=G	[Registered Nurse Sup told the [Registered Nu E15] [Resident R29] widoll and with her blank Nurse Supervisor, Empgoing to consider that a [Resident R29's] room that we're going to get [Registered Nurse Sup not visit the [Resident Interview on April 21, Licensed Practical Nur that she was a nurse as night shift of February confirmed Resident R2 away from the floor midid a brief assessment Nurse, Supervisor, Employee doing an incident report upper extremity/lower	arse Supervisor, Employee Supervisor, Employee E15] said "weat fall." I went back to and told CNA (nursher up and put her intervisor, Employee ER29]. 2023, at 10:04 a.m. rse, Employee E9, cosigned to Resident 2 25, 2023. Employee E9 was laying on storat on the bare floor. and went to Register ployee R15. "I advission on the floor." E15 told me that went. I went back to RC	bloyee ing her registered ere not o e aide) in the bed. in the bed				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 14 of 76

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F 0600	Continued from page 14			F 0600			
SS=G	lifted her up to standin to bed. I cannot give an documentation in the r not notify the coming unwitnessed fall." On April 20, 2023, at 2 held with Nursing Horn Director of Nursing (Dibased on the video foo Supervisor, Employee resident's room to asser report the incident, invident make any documentation Resident 29. Interview on March 15 Nursing Home Administration RN Supervisor, Employee regident and the supervisor of March 15 nursing Home Administration RN Supervisor, Employee regident related to not runwitnessed fall for Residual for Residual for Residual facility failed to entire the supervisor of the supervisor of the facility failed to entire the supervisor of	explanation why the esident's clinical reconurse of the possible enurse enurse enurse (N. 190N) who reported that eage, Registered Nur E15 did not go into east the resident and far estigated the allegation in the clinical reporting at the enurse enurse enurse (NHA) confinered enurse	w was HA) and hat rse the ailed to ion, and oort of the rmed that hated for gating an				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 15 of 76

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F 0600	Continued from page 15			F 0600			
SS=G	free from neglect relater failing to immediately notified of a fall sustainstaff transferred the rebed without an assessm for possible injuries, cawith pain and to conting symtoms of pain 8 hour facility's failure to come Resident R29, resulted experienced pain and a Refer to F684 and F65 483.13 - Resident Behat 10-1-1998 edition 28 Pa. Code 201.18 (b) 28 Pa. Code 211.5(h) Code 28 Pa. Code 211.11(d)	assess the resident and by the resident. Sident off the groundment from a Register ausing the resident to the to experience signs after the fall incidental plete a timely assess in harm, when the adelay in treatment.	fter being Facility I to the ed Nurse o scream ns and lent. The sment for resident actices,				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 16 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:				(X3) DATE SURVE COMPLETED:		
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(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0600	Continued from page 16			F 0600				
SS=G	28 Pa. Code 211.12(c) Nursing services							
	28 Pa. Code 211.12(d)	(1)(3) Nursing service	ces					
	28 Pa. Code 211.12(d)							
	28 Pa. Code 211.12(d)(5) Nursing services							
F 0609				F 0609				
SS=D								

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 17 of 76

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER					(X3) DATE SURVI COMPLETED:	(X3) DATE SURVEY COMPLETED:	
		396120			00	04/24/2023	
		390120				V 0.2 0.2 0.2	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0609	Continued from page 17			F 0609			
SS=D	483.12(b)(5)(i)(A)(B)(c)(1)(Violations §483.12(c) In response to al exploitation, or mistreatmer §483.12(c)(1) Ensure that al abuse, neglect, exploitation injuries of unknown source resident property, are report than 2 hours after the allega cause the allegation involve bodily injury, or not later th cause the allegation do not i in serious bodily injury, to t and to other officials (included Agency and adult protective provides for jurisdiction in laccordance with State law the serious bodily in accordance with State law the serious for jurisdiction in laccordance with State law the serious for jurisdiction in the serious for jurisdiction in laccordance with State law the serio	legations of abuse, neglet, the facility must: Il alleged violations invotor mistreatment, including and misappropriation of ed immediately, but not tion is made, if the event abuse or result in seriou an 24 hours if the events are 124 hours if the events are 124 hours if the events are 125 hours are 126 hours are 126 hours are 126 hours are 127 hours are 128 hou	ect, blying ng later ts that us s that t result facility w in edures. s to the e and to ng to the		-In addition to reportable ever submitted for both R29 and I "Transfer/Admission to Hosp Because of Injury/Accident" additional event report submitted to Patient/Resident Neglect". I submitted for E14, E15 and I report submitted to PA State of Nursing for E9 and E15Reportable events submitted "Transfer/Admission to Hosp reviewed for the past 12 morensure there was no neglect/sinvolved. None foundAll (100%) reportable event reviewed to ensure appropriate event type. Executive Direct DON educated regarding subappropriate event type for reevents after investigation context appropriate event type for reevents after investigation context appropriate and report in QA appropriate appropriate appropriate and report in QA appropriate appropriat	R52, for pital l, an nitted for PB-22s E9, and e Board d under p" nths to abuse ts will be ate toor and bmitting eportable mpleted. Educt lble type is	Completion Date: 06/23/2023 Status: APPROVED Date: 05/18/2023

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 18 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER 396120				IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/24/2023	EY	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0609 SS=D	Based on review of fact documentation, clinical interviews with staff, if facility failed to ensure and neglect, including were reported to the Atwo of 19 residents reversely. Findings include: Review of facility polity Prevention, Investigati 29, 2022, revealed that that all alleged violation neglect, or abuse, inclusiource and misappropriare reported immediate facility and to other of Review of Resident Rathat the resident was as December 19, 2020, we see the staff of the staff	l record reviews and t was determined that was determined that all allegations of injuries of unknown dministrator of the facility and the construction of the facility must constitute on the facility and the facility of the administrate ficials."	of the of abuse origin, acility for 29 and I March ensure atment, nown operty tor of the evealed y on	F 0609			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 19 of 76

PLAN OF CORRECTION (POC) IDENTIFICATION NUMB		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 396120		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/24/2023			
	VIDER OR SUPPLIER: VYNCOTE	390120	STREET ADDRESS, CITY, STATE, ZIP CODE: 208 FERNBROOK AVENUE						
	E NUMBER: 232102		WYNCOTE,						
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE		
F 0609	Continued from page 19		F 0609						
SS=D									
33-D	femur (hip) fracture, A	causes the							
	brain to shrink and bra	`							
	dementia (usually prog	gressive condition ma	arked by						
	the development of mu	altiple cognitive defi	cits such						
	as memory impairmen	•							
	disturbance, muscle we	eakness, history of fa	alling.						
	Review of Resident R2	29's fall Assessment,	dated						
	December 26, 2022, re	*							
	considered a moderate	risk for falls. The							
	interventions recomme	ended included a "lov	w bed,						
	non-skid footwear, free	quent checks, sit in							
	visualization of staff, b	proad chair, chair loc	ked."						
	Review of Resident R2	29's care plan, dated							
	February 6, 2023, reve	•	t had						
	history of falls/injury a	and was unaware of s	safety						
	need. The intervention	s developed included	d half side						
	rails to bed as enablers	s, encourage and assi	st to						
	participate in activities	•							
	minimize the potential								
	was wearing appropria								
	and provide slipper soc	cks or non-skid slipp	ers as						

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 20 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 396120				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/24/2023		
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
F 0609 SS=D	indicated for nighttime Review of a witness sta 2023, by Nurse aide, E "I was doing my round screaming and I stoppe anything so I kept on to came out the room I he time the nurse was out she hear so we start loo coming from so the nur room she was laying blankets and her baby of helping her up the nurse try to put her all the was screaming more so I sa room told the nurse sup R29] back in bed." Review of a witness sta 2023, by Licensed Prace revealed "It was around into the room; it looked	atement, dated Februmployee E11, which is and I heard someound to listen I didn't have the next room so we hard screaming again in the hall and I asked being for where the part in the floor with both top of her so I state start helping me so any in the bed she start do f the nurse walk pervisor so I got [Residue] atement dated Februatement dated Februat	n stated, ne ear when I n but this ed her did noise was ent R29] oth art o when I rt out the sident ary 27, wee E9, went	F 0609			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 21 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 396120			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/24/2023					
	VIDER OR SUPPLIER:		STREET ADDRESS, CITY, STATE, ZIP CODE:							
PHOEBE V	WYNCOTE		208 FERNBROOK AVENUE WYNCOTE, PA 19095							
STATE LICENS	E NUMBER: 232102		WINCOIE,	FA 19093						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE				
F 0609	Continued from page 21		F 0609							
SS=D	1 11 11 11 11	. 1 10110	4 1 1							
	have either gotten twis	•								
	or got up to walk and g	-	-							
	does get up at night to room and we have to ro	•	•							
	her legs and then she sa									
	I lifted up her gown to	•								
	unusual and did passag	•								
	she was agitated that I									
	can be her usual behav	•								
	Supervisor, Employee	-	•							
	supervisor Employee E	-	•							
	the floor holding her de									
	of her. [Nursing Super		•							
	"were not going to con		=							
	to [Resident R29's] roc									
	aide) that we're going t	to get her up and put	her in							
	the bed. [Nursing Supe	ervisor, Employee El	15] did							
	not visit the [Resident R29].									
	Review a witness state	ment, dated Februar	y 27,							
	2023, by Nursing Supe	ervisor, Employee El	15,							
	revealed "I regret that I	I did not immediatel	y get up							
	and assess the situation	n keeping in mind tha	at							

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 22 of 76

PLAN OF CORRECTION (POC) IDENTIFICATION NUM		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 04/24/2023	
		396120		_		04/24/2020	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE E NUMBER: 232102		STREET ADDRESS 208 FERNBROWYNCOTE, I	OOK AVEN			
STATE LICENS	E NUMBER: 232102						
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
F 0609	Continued from page 22			F 0609			
SS=D	Resident R29 was confident My thinking was that sup wondering through residents rooms." Review of facility door Department of Health revealed a transfer/adminjury/accident report, Resident R29 "was mothigh, "it hurts." R29 "was mothigh, "it hurts." R29 "was mothigh, "it hurts." R29 "was mo	umentation submitted on February 27, 202 mission to hospital be revealed during amounting, pointing to learn cried out in pain attemities. Assessmenten both knees, no browere ordered, obtain the fracture of the sure with proximal migration, it was determined attemption, it was determined by 26/2023 the charge supervisor, no incides written."	d to the 3, ecause of care, eft inner during ents ruising or ned, and b capital ation of the required a ned that nurse ent	F 0609			
	Continued review of the	ne documentation rep	oorted to				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 23 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 396120			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 04/24/2023	ΞY	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, F	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0609	Continued from page 23		F 0609				
SS=D	the Deaprtment of Hea R29 was subsequently further evaluation. Upo (hip) fracture, the faciliand determined that Reference and determined by the License Registered Nurse Supe E15. Employee E15 failed to which resulted in a del Further Registered Nurse failed to investigate that the fall which resulted The facility failed to reference health the incident of a R29 by Licensed Pract Registered Nurse Supe Review of Resident R5 October 4, 2022, reveal admitted to the facility	transferred to the hoon discovery of the fity initiated an invested and invested at the fity initiated an invested at the fity initiated an invested at the fit in th	spital for emor tigation alon twas E9 to the oyee, R29 ent. loyee E9 locument ent of Resident the E9 and 1.5. dated was				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 24 of 76

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 04/24/2023	ΞY
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0609	Continued from page 24			F 0609			
SS=D	diagnoses including de (abnormal electrical ac hypotension (low blood standing up from sittin (a condition in which be brittle), muscle weakned Continued review reversel BIMS (Brief Interview indicating that the resident review revealed the assistance from a standsfers and toileting. Review of Resident RS July 28, 2020, revealed for falls and that she has while at the facility. In perform frequent check resident's needs, to offer encourage the resident. Review of progress not a nurses note, dated December 1997.	d pressure that happed or lying down), os ones become weak a less and repeated falls aled that the resident of Mental Status) of dent was cognitively did that the resident retaff member for bed a history of multiple terventions included as in an effort to antier bathroom assistanto utilize her callbel tes for Resident R52	orthostatic ens when teoporosis and s. t had a of 14, intact. quired mobility, initiated as at risk ble falls for staff to cipate the ce and to l. revealed				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 25 of 76

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 04/24/2023	ΞY
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
F 0609	Continued from page 25		F 0609				
SS=D	p.m. which indicated the nurse that earlier that mand was helped back to reported that she tried the bathroom when her balance and fell. The rebumped her head. The assessment at that time had a bump on the right resident was subsequent emergency department. Review of hospital discrevealed that Resident fall and closed head injustify recommendations resident. Review of facility door Department of Health or revealed that on Decement of bed and bumped out of bed and bumped.	norning at 6:00 a.m. bed by staff. The resto get up on her own releg gave out, she losesident reported that nurse completed and and noted that the rest side of her foreheantly transferred to the for further evaluation that gives a evaluated figury (contusion of fost to continue to monitumentation submittee on December 30, 202 aber 29, 2022, Residate earlier that morning	she fell esident to go to st her she esident d. The e hospital on. on For her brehead) tor the d to the 22, lent R52 g she fell				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 26 of 76

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 04/24/2023	ΞY
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBROWYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0609 SS=D	reported that a staff me bed and provided a des Upon discovery, the fa and determined that the staff member at the time. Review of facility doce R52's fall revealed a we December 30, 2022, from aide, which indicated the Resident R52 "around "sleep in bed after AM". Continued review of facility a summary of camera in 2022, from 5:51 a.m. it showed that Employee Resident R52's room services.	scription of that staff cility initiated an inverse fall was not reported to the that the incident of the that employee E14, in that Employee E14 last 5:00 a.m." and that so care." Incility documentation footage from December of the through 6:50 a.m. where E14 went in and out the third that the through 6:50 a.m. where E14 went in and out the third that the third	responsive stigation ed by the eccurred. Resident ed eccurred ed eccurred ed enurse east saw she was en revealed ber 29, eich t of	F 0609			
	Continued review of fa that the Nursing Home Director of Nursing (D	Administrator (NH.	A) and				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 27 of 76

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		396120		B. WING:		04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, F	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0609 SS=D	with Employee E14 on discussed the camera for Employee E14 denied floor and denied known. Interview on April 20, confirmed that due to Fincident, including destassisted her back to be contusion, that Employ as required and was tered. 28 Pa Code: 201.14 (a) 28 Pa Code: 201.18 (e)	picking up the reside ing anything about a 2023, at 2:35 p.m. the Resident R52's repor- cription of the staff p d, as well as forehead wee E14 failed to report minated from employ	loyee. ent off the fall. ne NHA t of the person that d ort a fall oyment.	F 0609			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 28 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:		
		396120			<u>ou</u>	04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0623 SS=E	483.15(c)(3)-(6)(8) Notice Is Transfer/Discharge §483.15(c)(3) Notice before Before a facility transfers of facility must- (i) Notify the resident and the of the transfer or discharge writing and in a language at facility must send a copy of of the Office of the State Loc (ii) Record the reasons for the resident's medical record in (2) of this section; and (iii) Include in the notice the (c)(5) of this section. §483.15(c)(4) Timing of the (i) Except as specified in pathis section, the notice of traunder this section must be madays before the resident is the (ii) Notice must be made as transfer or discharge when-(A) The safety of individual endangered under paragraph (B) The health of individual endangered, under paragraph (C) The resident's health immore immediate transfer or (1)(i)(B) of this section; (D) An immediate transfer or resident's urgent medical ne	e transfer. It discharges a resident, the resident's representation of the near the notice to a representation. The notice to a representation of the notice to a representation. The notice to a representation of the notice to a representation of the transfer or discharge accordance with paragraph accordance with paragraph of the transfer or discharge required by the facility at least ansferred or discharged soon as practicable before the facility would be a (c)(1)(i)(C) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a (c)(1)(i)(D) of this sect in the facility would be a continued by the facility would be a conti	ve(s) nove in nd. The sative man. in the aph (c) graph e)(8) of red ast 30 ore e tion; e tion; ow a aph (c) by the	F 0623	-Emergency Transfer log for sent to Ombudsman on 4/21. April log sent on 5/1/23March and April Logs revie compared to transfer data in Click Care system to ensure accuracySocial worker educated to s logs to Ombudsman by the 1 each month. Social worker we Executive Director on those -Executive Director will aud timeless and accuracy and regults in QAPI x4	ewed and Point submit 15th of vill copy emails. lit for	Completion Date: 06/23/2023 Status: APPROVED Date: 05/18/2023

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 29 of 76

					(X3) DATE SURVI COMPLETED:	(X3) DATE SURVEY COMPLETED:	
	396120		B. WING: _		04/24/2023		
VIDER OR SUPPLIER: WYNCOTE E NUMBER: 232102		208 FERNBRO	OOK AVEN				
MUST BE PRECEEDE		ID PREFIX TAG	CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE		
Continued from page 29			F 0623				
(A) of this section; or (E) A resident has not reside	ed in the facility for 30 c	lays.	, 3323				
§483.15(c)(5) Contents of the specified in paragraph (c)(3) the following: (i) The reason for transfer of (ii) The effective date of traction (iii) The location to which the discharged; (iv) A statement of the reside the name, address (mailing a number of the entity which information on how to obtain assistance in completing the appeal hearing request; (v) The name, address (mail number of the Office of the Ombudsman; (vi) For nursing facility residevelopmental disabilities of and email address and telephoresponsible for the protection with developmental disabilities developmental disabilities of the Develo	ne notice. The written not of this section must income of discharge; insfer or discharge; the resident is transferred and email), and telephoraceives such requests; as in an appeal form and to form and submitting the ling and email) and telephoraceives with intellectual and related disabilities, the shone number of the ager on and advocacy of indivities established under Paties Assistance and Bill of 106-402, codified at 42 idents with a mental discipled.	otice clude I or uding ne and e ohone mailing ney riduals art C of of U.S.C.					
	~	iu					
	VIDER OR SUPPLIER: VYNCOTE E NUMBER: 232102 SUMMARY STATEMENT MUST BE PRECEEDED IDENTE. Continued from page 29 (A) of this section; or (E) A resident has not reside specified in paragraph (c)(3) the following: (i) The reason for transfer of (ii) The effective date of tra (iii) The location to which the discharged; (iv) A statement of the reside the name, address (mailing a number of the entity which information on how to obtain assistance in completing the appeal hearing request; (v) The name, address (mail number of the Office of the Ombudsman; (vi) For nursing facility residevelopmental disabilities of and email address and telepresponsible for the protection with developmental disabilities of and email address and telepresponsible for the protection with developmental disabilities of the Developmental Disabilities, the mail	VIDER OR SUPPLIER: WYNCOTE E NUMBER: 232102 SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION) Continued from page 29 (A) of this section; or (E) A resident has not resided in the facility for 30 of specified in paragraph (c)(3) of this section must into the following: (i) The reason for transfer or discharge; (ii) The olcation to which the resident is transferred discharged; (iv) A statement of the resident's appeal rights, inclute name, address (mailing and email), and telephor number of the entity which receives such requests; a information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telepnumber of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual a developmental disabilities or related disabilities, the and email address and telephone number of the ager responsible for the protection and advocacy of indivisith developmental Disabilities Assistance and Bill Rights Act of 2000 (Pub. L. 106-402, codified at 42 15001 et seq.); and (vii) For nursing facility residents with a mental disability residents with a mental disabil	IDENTIFICATION NUMBER: 396120 STREET ADDRESS, 208 FERNBRO WYNCOTE, F E NUMBER: 232102 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 29 (A) of this section; or (E) A resident has not resided in the facility for 30 days. \$483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (iii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and	A BLDG: 396120 STREET ADDRESS, CITY, STATE, Z 208 FERNBROOK AVEN WYNCOTE, PA 19095 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 29 (A) of this section; or (E) A resident has not resided in the facility for 30 days. \$483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (ii) The reason for transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and	A BLDG:	RECTION (PGC) DENTIFICATION NUMBER 396120	

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 30 of 76

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER				PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED:	
	396120					04/24/2023	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE E NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, F	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0623	Continued from page 30			F 0623			
SS=E	protection and advocacy of disorder established under the for Mentally III Individuals §483.15(c)(6) Changes to the III the information in the notate transfer or discharge, the recipients of the notice as so updated information become §483.15(c)(8) Notice in adv In the case of facility closur administrator of the facility notification prior to the imp Survey Agency, the Office of Ombudsman, residents of the representatives, as well as the adequate relocation of the reference of the results of the reference of t	he Protection and Advoc Act. he notice. he notice. he facility must update the he facility must update the he as practicable once the he available. he ance of facility closure he, the individual who is he must provide written he ending closure to the State he facility, and the resident he plan for the transfer a he esidents, as required at §	ecting e the the care ent nd				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 31 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:				(X3) DATE SURVI COMPLETED:	(X3) DATE SURVEY COMPLETED:	
		396120		B. WING:		04/24/2023		
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN		1		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
F 0623	Continued from page 31			F 0623				
SS=E	Based on review of factoreview, and interviews that the facility failed to Long-Term Care Ombremergency transfers are six of six records revier R52, R41, R22 and R3. Findings include: Review of facility polity facility-Initiated date that, "Facility-initiated a copy of the Transfer to The Office of State of Ombudsman." Continut of notices for emergency sent to the ombudsman practicable, such as in monthly basis. The Emergency facility Log will be utility by Social Services or disent electronically to the	with staff, it was de o notify the Office of udsman of facility-in ad discharges as required (Residents R50, 7). cy, "Transfer or Disc d January 4, 2023, restransfers or discharge or Discharge Notice Long-Term Care and review revealed, cy transfers must also, but they may be sea a list of residents on aergency Transfer from the company of the signed for this purple of the signed for the signe	termined of the State nitiated nired for , R29, charge evealed ge require be sent "Copies o still be ent when a om ompleted pose and					

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 32 of 76

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBROWYNCOTE, 1	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
F 0623 SS=E	Continued from page 32 Long-Term Care Ombine Review of progress not a nurses note, dated May which indicated that the condition, including concern was ordered by the physical hospital emergency evaluation. The resident home after her hospital to the facility. Review of progress not a nurses note, dated Fep.m. which indicated that an acute hip fracture after the physician to be transfered emergency department. Review of progress not a nurses note, dated Dep.m. which indicated the subsequently develope.	tes for Resident R50 arch 16, 2023, at 5:5 e resident had a char onfusion and hallucing visician to be transfer by department for function to the subsequently discharged and was not resident R29 abruary 27, 2023, at 4 that the resident had so for further evaluation tes for Resident R52 ecember 29, 2022, at that the resident had a fact that the resident had a fact that the resident R52 ecember 29, 2022, at that the resident had a fact that the resi	4 p.m. nge in nations, and red to a rther narged admitted revealed 4:10 sustained dered by spital on. revealed 4:7:00 a fall and	F 0623			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 33 of 76

***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		396120		B. WING:		04/24/2023	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
F 0623	Continued from page 33			F 0623			
SS=E	forehead. The physicia be transferred to a local department for further. Review of progress no a nurses note, dated M which indicated that the a local hospital emerge to possible stroke with and tingling." Review of progress no a nurses note, dated M which indicated that the ordered by the physicial hospital emergency devaluation. Review of progress no a nurses note, dated Jawhich indicated that the condition, including "decordered by the physicial condition, including "decordered by the physicial ordered by the physicial condition, including "decordered by the physicial condition, including "decordered by the physicial condition in the physicial condition i	tes for Resident R41 arch 10, 2023, at 3:4 e resident was transfered type arch 25, 2023, at 10: e resident had a fall an to be transferred type arch 25, 2023, at 10: e resident for further tes for Resident R37 nuary 4, 2023, at 5:4 e resident had a challark bloody stools" a	revealed 4 p.m. ferred to 911 due burning revealed 45 p.m. and was to a local revealed 7 a.m. ange in and was				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 34 of 76

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER. 396120		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED: 04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS. 208 FERNBROWYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
F 0623 SS=E	hospital emergency devaluation. Review of facility doct Transfers from Facility through March 2023 re R29, R52, R41, R22 at logs as being emergent Continued review revethere were a total of the emergency transfers; in total of six facility-initi February 2023, there we facility-initiated emergency transfers. Further review reveale that the Office of the S Ombudsman was notiff facility-initiated emerginformation was requesting the solution of the S	umentation, "Emerged Log" from December and R37 were listed only transferred to the aled that in Decembere facility-initiated in January 2023, there is at the emergency transfers; and is a lof eight facility-initiated that there was no in that there was no in the emergency transfers and in the emergency transfers until emergency transfers	per 2022 ts R50, n the hospital. er 2022, e were a nsfers; in in March tiated mdication e the	F 0623			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 35 of 76

PLAN OF CORRECTION (POC) IDENTIF		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		396120		B. WING:		04/24/2023	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, F	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
F 0623	Continued from page 35			F 0623			
SS=E	21, 2023. Interview on April 21, Nursing Home Admini	-					
	Office of the State Lon was not notified in a tin facility-initiated emerg	dsman uired of					
	28 Pa. Code 201.14(a) 28 Pa. Code 201.18(b)		eensee				
F 0656				F 0656			
SS=D							

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 36 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
					00		
		396120		B. WING: _		04/24/2023	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0656	Continued from page 36			F 0656			
SS=D	483.21(b)(1)(3) Develop/Im Plan §483.21(b) Comprehensive §483.21(b)(1) The facility n comprehensive person-center consistent with the resident and §483.10(c)(3), that inclutimeframes to meet a resider and psychosocial needs that comprehensive assessment. must describe the following (i) The services that are to be maintain the resident's higher and psychosocial well-being §483.25 or §483.40; and (ii) Any services that would §483.24, §483.25 or §483.4 resident's exercise of rights right to refuse treatment und (iii) Any specialized services services the nursing facility PASARR recommendations findings of the PASARR, it resident's medical record. (iv)In consultation with the representative(s)-(A) The resident's goals for outcomes. (B) The resident's preference	Care Plans nust develop and implemented care plan for each registriction of the care plan for each registriction of the comprehensive care identified in the The comprehensive care furnished to attain or est practicable physical, g as required under §483 otherwise be required under §483.10, including the service of the comprehensive care in the comprehensive care furnished to attain or est practicable physical, g as required under §483.0 otherwise be required under §483.10 including the service of the comprehensive in the compreh	ment a esident, 10(c)(2) wes and d mental e plan mental, .24, .24, ue to the g the tative of with the ale in the		-Careplans for R40 and R44 to reflect device to prevent h contractures (R40) and urina indwelling catheter (R44)Nursing Management to recareplans of all residents to edevices are appropriately not careplannedLicensed nurses and rehabs (85%) to be educated regard process for documenting and implementing therapy recommendations. Licensed (85%) to be educated regard ensuring devices are appropriate plannedDON/ADON will audit more ensure therapy recommendation have been documented and implemented and that device appropriately care planned a results will be presented in Careful Process (R40).	riew ensure ted and staff ing inurses ing riately nthly to tions es are nd	Completion Date: 06/23/2023 Status: APPROVED Date: 05/18/2023

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 37 of 76

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/24/2023			
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102		STREET ADDRESS, CITY, STATE, ZIP CODE: 208 FERNBROOK AVENUE WYNCOTE, PA 19095						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE					
F 0656 SS=D	discharge. Facilities must desire to return to the commreferrals to local contact age entities, for this purpose. (C) Discharge plans in the cappropriate, in accordance vin paragraph (c) of this sectis \$483.21(b)(3) The services facility, as outlined by the citii) Be culturally-competent. This REQUIREMENT is not	omprehensive care plan with the requirements set on. provided or arranged by omprehensive care plan t and trauma-informed.	any opriate , as t forth the	F 0656					

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 38 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		396120		B. WING: _		04/24/2023	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE E NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0656	Continued from page 38			F 0656			
SS=D	Based on review of clininterviews, it was deter to develop a comprehe urinary indwelling cathhand contractures for the (Resident R40 and R44). Findings included: Review of Resident R40 the resident was admitted a diagnosis that include encounter for fitting and device. A review of an admission March 14, 2023 record with a "16 fr (French) the draining 100cc tea cold Observations of Reside 2:02 p.m.; April 20, 20, 21, 2023, at 9:37 a.m.;	rmined that the faciliansive care plan relative tere and device to plan of 20 residents read. 4's clinical record read on March 14, 200 and retention of urine and adjustment of urine and adjustment of urine and that the resident afoley cath (catheter) or urine." ent R44 on April 19, 123, at 9:49 a.m.; and	evealed 23, with anary ted, arrived in place 2023, at 1 April				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 39 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 04/24/2023	EY
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
F 0656 SS=D	urinary indwelling cath Review of Resident Review of Resident Review of a foley cath Interview on April 21, Director of Nursing (Director of Nursing (Direct	14's current plan of covith interventions releter. 2023, at 9:37 a.m. wo (ON) confirmed that the er and there was no covided to the er and the er an	vith the Resident care plan ealed liagnosis y affects ission ederally lent care) ident for bed ne, and Status	F 0656			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 40 of 76

***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		396120		B. WING: _		04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN		•	
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
F 0656	Continued from page 40			F 0656			
SS=D	intact. A review of occupation summary revealed that discharged from therap was recommended rest (RNP) to facilitate pation of performance and in development of and inservice RNPs has been complected and eating/self-feplan revised on Septemany documentation relations.	Resident R40 was by on February 2, 20 corative nursing progent maintaining currorder to prevent a destruction in the followeted with IDT: splint eding. A comprehenaber 28, 2022, did not be the struction of the structure of the	23 and ram ent level ecline, wing or brace sive care				
	On April 19, 2023, at 1 the Resident R40 revea a palm protector for his observed to have control day room playing a woresident. Resident R40 a brace on left hand, it a white color.	aled that he supposed is left hand. Resident acture as he was sittle and game with another reported: I supposed	to have R40 ing in the er t to have				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 41 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 396120				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/24/2023	ΞY	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, F	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0656 SS=D	On April 20, 2023, adobserved to be in the diprotector. On April 20, 2023, at 9 held with Therapy Director therapy and was discharated with recommendation prevent contractures. Frecommended for Resiprotector at night 8- to time use at patient requirements and prevents are protected the wear the palm protector R40 agreed to wear it of the Confirmed that the been developed for Renursing program.	ay room without the 2:52 a. m. an intervie ector, Employee E12 at R40 received occurred on February 22 to received RNP profis OT therapist dent R40 to wear "In 10 hours as tolerated lest. To prevent skin Therapist Director, Enat Resident did not a for during the night, the during the day. 2:37 p.m. an interview of Administrator was are was no care plan	palm ew was c, who epational c, 2023, gram to eft palm d. Day mployee agree to herefore w with held that had	F 0656			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 42 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		396120			<u>w</u>	04/24/2023	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE E NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, F	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
F 0656	Continued from page 42			F 0656			
SS=D							
	28 Pa. Code 201.14(a)	ensee					
	28 Pa. Code 211.11(a)						
	28 Pa. Code 211.12(d)	ces					
F 0658				F 0658			
SS=G							

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 43 of 76

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER				(X2) MULTIPLE CONSTRUCTION: (X3) DATE SU COMPLETED:		EY	
		396120			00	04/24/2023	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE E NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0658	Continued from page 43			F 0658			
SS=G	483.21(b)(3)(i) Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:				-E9 was counseled regarding completing the appropriate assessment and documentation following an incident/accide was terminatedDON/ADON to review 100 incident reports for past 12 nto ensure proper assessment documentation has been don-Licensed nurse staff to be re-educated on standard of assessing residents after an incident/accident and approp documentation. DON/ADON continue to review 100% of reports weekly to ensure propassessment and documentation been doneDON/ADON will audit mor results will be reported in Qarentation and appropriate weekly to ensure propassessment and documentation been done.	on ont. E15 % of months and e. oriate N will incident per on has	Completion Date: 06/23/2023 Status: APPROVED Date: 05/18/2023

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 44 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 396120			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 04/24/2023	ΕY	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEED!	T OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OI IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
F 0658 SS=G	Based on clinical recordiles, review of facility with staff, it was deternensure that a Licensed Registered Nurse, main of quality care in the in of nursing care using from communication with the set forth in the Penna Professional and Voca resulted in actual harm of a timely nursing assumedical care to a residing resulted in fracture of intervention for one of (Resident R29). Findings include: Review of the Pennsyl Professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca of Nursing 21.11(a)(1) Registered Nurse was a series of facility and the professional and Voca	r documentation and mined that the facility Practical Nurse and ntained professional explementation and explementation and explementation and explementation and explementation and explementational Standards. This is to a resident related exessment and a delay ent who sustained a subject to the first order to the first of the fir	interviews y failed to a standards valuation nd nembers 49, is failure to a lack of fall which ed medical ed te Board the	F 0658			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 45 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 04/24/2023	EY
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN		1	
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
F 0658	Continued from page 45			F 0658			
SS=G	complete and ongoing are needs, analyze the and comare the datat women when determining nursing care actions the restore the well-being. Review of the Pennsyl Professional and Voca 21.145 Functions of the Nurse) revealed, "The as a member of the heast ound nursing judgement knowledge, experienced The LPN participates in implementation and evidence of the patient's health care guidance when the porthere is a significant patient is not responding	health status of individuals the norm g care needs and car at promote, maintain of individuals. vania Code Title 49, tional Standards, Chee LPN (Licensed Prade LPN is prepared to falth-care team by execut based on preparate in nursing and compared to falth-care team by execut based on preparate in nursing and compared to falth-care team by execut based on preparate in nursing and compared to falth-care team by execut based on preparate in nursing and compared to falth-care team by executings where nursing executings where nursing executings where nursing executions are team members to so patient's condition detection condition detection in condition of the con	rying out and apter actical function ercising tion, petency. eare using ng takes PN shall nurse and eek eteriorates a, the				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 46 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 04/24/2023	EΥ
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
F 0658 SS=G	becomes unstable, or the assistance." Review of Licensed Prepersonnel file revealed Position Description" semployee E9 on June essential job duties incomplete "documents resident's changes in condition ereview revealed that," and State Board of Numin the performing of all Review of Registered Personnel file revealed Supervisor" job descrip Registered Nurse Super March 31, 2023, which duties included, "Investigation of the performing of all the performing of all personnel file revealed Supervisor pobles, which duties included, "Investigation of the performance of the performance of the personnel file revealed Supervisor pobles, and the performance of the personnel file revealed Supervisor and the personn	actical Nurse, Employa "Licensed Practical Signed and dated by the signed and dated by the signed and dated by the signed and dated ensuring that progress, deterioration as necessary" Compabides by both institutions of Examiners required a "Registered Nurse of the signed and date of the signed and signed and date of the signed and signed and date of the signed and sig	oyee E9's al Nurse the ated that on, ntinued utional uirements 5's e Shift ted by the 15 on ntial job of monitors	F 0658			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 47 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 396120			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/24/2023		
PHOEBE	WYNCOTE SE NUMBER: 232102		STREET ADDRESS 208 FERNBR WYNCOTE, 1	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
F 0658 SS=G	to residents on assigned Review of Resident Rathat the resident was a December 19, 2020, where the development of multiple as memory impairment disturbance, muscle where the development of multiple as memory impairment disturbance, muscle where the development of multiple as memory impairment disturbance, muscle where the development of multiple as memory impairment disturbance, muscle where the development of multiple as memory impairment disturbance, muscle where the disturbance interventions recomment interventions recomment interventions recomment on-skid footwear, frevisualization of staff, the Review of Resident Rathattand Rathattand Review of Resident Rathattand	29's clinical record redmitted to the facility with the diagnoses of Alzheimer's disease (chin cells to eventually gressive condition maultiple cognitive deficit) with severity and be eakness, history of facevealed that the residential risk for falls. The ended included a "low quent checks, sit in proad chair, chair loce 29's quarterly Minimat of resident's care needs, revealed that the residential residential company to the resident's care needs, revealed that the residential resi	y on left causes the v die), arked by cits such behavioral alling. dated ent was w bed, ked." um Data leds) esident	F 0658			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 48 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 396120			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 04/24/2023	ΞY	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0658 SS=G	score of 3 which indicated cognitively impaired. Or revealed that the resident assistance for bed mobinary with transfers and ambinary of Resident R2 February 6, 2023, revenistory of falls/injury an ed. The intervention rails to bed as enablers participate in activities minimize the potential was wearing appropriate and provide slipper social indicated for nighttime. Review of nursing note 7:00 a.m. revealed "CN nurse resident observed bed with blankets over symptoms) of injury, in Resident assisted back	Continued review of ent required extensive of the ent resident and was unaware of some social settings that for falls, ensure that the footwear while out the footwear while out the ent resident end was unaware of social settings that for falls, ensure that the footwear while out the footwear while out the ent footwear while out the end for falls, ensure that the footwear while out the footwear while out the end fo	the MDS e stance n. t had a safety d half side st to at resident at of bed ers as 2023 at ed to at to her d in.	F 0658			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 49 of 76

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 04/24/2023	ΞY
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0658	Continued from page 49		F 0658				
SS=G	Review of the next avarage resident's physician was obtained for X-ray to be Continued review of the X-ray review of the X-ray review of the Subcaption of the X-ray review of the Subcaption of the X-ray review of the X-ray	ailable nursing note of 1:02 p.m. revealed "I g assessment of lower the revealed visually sight) L (left), no bruitent medicated for parts contacted and order ordered and ordered with the contact of the resident to be hospital for evaluation dated Me resident's daughter restigation, the facility of the resident to be a resident's daughter restigation, the facility of the resident, the facility of the resident's daughter restigation, the facility of the resident's daughter resident's daughter restigation, the facility of the resident's daughter restigation, the facility of the resident's daughter resident's	Resident er swollen b/l sing or in." The ers were ft hip. In dated the cute neck. Ion. arch 1, was				
	determined that the res that caused her hip frac		A TOUIII				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 50 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 396120				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/24/2023		
PHOEBE	OVIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102		STREET ADDRESS, 208 FERNBROWYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
F 0658 SS=G	Review of physician's revealed that the reside facility after "a fall res fractures. She had a lef on February 28, 2023.' Review of a witness standard and I stopped E11, dated I "I was doing my round screaming and I stopped anything so I kept on to came out the room I had time the nurse was out she hear so we start look coming from so the nurse was laying blankets and her baby helping her up the nurse try to put her all the was screaming more so I sar room told the nurse sup R29] back in bed."	ent was re-admitted to ulting in left femoral fit total hip replacement, total hip replacement, by Nurse and February 27, 2023, rolls and I heard someound to listen I didn't have the next room so we have a screaming again in the hall and I asknown in the hall and I asknown in the floor where the rese went into [Reside go on the floor with boon top of her so I state as start helping me so any in the bed she stand of the nurse walk	ide, evealed ne ear when I but this ed her did noise was ent R29] oth art o when I ct out the	F 0658			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 51 of 76

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _		(X3) DATE SURVE COMPLETED:	ΞY
		396120		B. WING: _		04/24/2023	
PHOEBE	VIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0658	Continued from page 51		F 0658				
SS=G	Review of a witness sta 2023, by Licensed Prac revealed "It was around	yee E9,					
	into the room; it looked have either gotten twis or got up to walk and g does get up at night to	ted up and fell from got twisted. [Residen	the bed at R29]				
	room and we have to re (range of motion) of he something about her ar if I could see anything	er legs and then she s m. I lifted up her go	said wn to see				
	ROM of her arm, because was touching her at all behavior. Then I went	, which can be her use to [Registered Nurse	sual e				
	Supervisor, Employee E15] I told the [Resolves Supervisor, Employee E15] [Reside was on the floor holding her doll and with blanket on top of her. [Registered Nurse						
	Supervisor, Employee consider that a fall." I vroom and told CNA (not get her up and put her it	ent R29's] going to					
	got her up and put her	m me ocu. [Kegistel	cu muise				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 52 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	ΞY
		396120		B. WING: _		04/24/2023	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
F 0658	Continued from page 52			F 0658			
SS=G	Supervisor, Employee [Resident R29]. Review a witness state 2023, by Nursing Superevealed "I regret that I and assess the situation Resident R29 was confident My thinking was that sup wondering through residents rooms.' On April 20, 2023, at 2 held with Nursing Hon Director of Nursing (Disased on the video food Employee E15 did not assess the resident and investigate the allegation documentation in the confidence Registered Nurse, Superterminated.	ment, dated February rvisor, Employee Ell did not immediately keeping in mind that fused and may have he was resting and not the hall and going in 2:23 p.m. an intervience Administrator (NI ON) who reported that tage, RN Supervisor go into the resident's failed to report the in on, and make any linical report of Resi	y 27, 15, y get up at fallen. not getting nto other w was HA) and hat s room to ncident, ident R29.				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 53 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/S IDENTIFICATION 206120			A. BLDG: <u>00</u>		(X3) DATE SURVEY COMPLETED:	
	396120		B. WING: _		04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102		STREET ADDRESS, C 208 FERNBRO WYNCOTE, P	OK AVEN			
PREFIX MUST BE PRECEEDED	DF DEFICIENCIES (EACH DEF D BY FULL REGULATORY OR YING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
F 0658 Continued from page 53	Continued from page 53					
Review of documentation that Licensed nurse, Emm Employee E11 found Review 26, 2023, appropriate Based on the facility invited failed to investigate, and Resident R29 fell and suran acute fracture of the swith proximal migration no dislocation which recall a surgery. Licensed nurse Registered Nurse, Super to document an unwitne incident which delayed a.m. to 1:00 p.m. on Febresulted in Resident R29 allegation of neglect is salicensed nurse, Employ Nurse, Supervisor Employ Nurse, Supervisor Employ Interview on March 15,	aployee E9 and CNA esident R29 on her froximately at 5:00 a vestigation the unwitto the RN, Supervised to assess the residuatained significant sub-capital left femon of the distal fragmatical amedical interest and a medical interest of the seed fall, investigated medical treatment from the price of the distal fragmatical treatment from the seed fall, investigated and the seed fall investigated and the seed fall investigated and the substantiated agains the seed fall investigated and Registers and Regi	A, floor on .m. tnessed sor dent, dent. injury of oral beck ent with ervention d 5 failed e the from 5:00 ich Cherefore, t				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 54 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 396120			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 04/24/2023	EY	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
F 0658 SS=G	Nursing Home Admin RN Supervisor, Employ neglect related to not runwitnessed fall for Rolling Interest Practical Nurmaintain professional simplementation and explored assessment and health care team membra a unwitnessed fall as soon Code Title 49, Profess Standards, which resurelated to a lack of a tital delay of medical care. Registered Nurse Superto maintain profession established by essential completed an assessment receiving a report of an accident, and changes forth by Chapter 21.1	eyee E15 was terminate porting and investiges ident R29. The session of partial estandards of quality of a communication with the period of t	iled to care in the care using th the R29 had ylvania esident ment and a 5 failed by care, o after stigate the as set	F 0658			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 55 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		396120		B. WING: _		04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			208 FERNBROWYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
F 0658	Continued from page 55			F 0658			
SS=G	nursing. This failure re Resident R29 related to assessment and a delay resident. Refer to F600 and F68 28 Pa. Code 201.18 (b) 28 Pa. Code 211.5(h)C 28 Pa. Code 211.11(d) 28 Pa. Code 211.12(c) 28 Pa. Code 211.12(d) 28 Pa. Code 211.12(d) 28 Pa. Code 211.12(d)	a lack of timely nu on medical care to the second of the s	ent ces				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 56 of 76

	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, P	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0658 SS=G	Continued from page 56			F 0658			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 57 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/24/2023	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)					
F 0658 SS=G	Continued from page 57			F 0658			
F 0684 SS=G				F 0684			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 58 of 76

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURV COMPLETED:	EY
		396120				04/24/2023	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102 SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN		CTION (FACH	(X5)
PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF FYING INFORMATION)		PREFIX TAG	CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE
F 0684 SS=G	Continued from page 58 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundame treatment and care provided the comprehensive assessme must ensure that residents re accordance with professiona comprehensive person-cente residents' choices. This REQUIREMENT is no	to facility residents. Ba ent of a resident, the fac- eceive treatment and car al standards of practice, ered care plan, and the	sed on ility e in	F 0684	-Upon learning of fall and xi results, resident was transfer hospital. E9 was appropriate counseled regarding assessment and documentation was terminatedDON/ADON to review incirreports for past 12 months to proper assessment and documentation doneDirected In-Service to be composed by Sophie Campbell (scampbell@padona.com) retimely assessment and medic intervention following incident reports to ensure preassessment and documentation been doneDON/ADON will audit more results will be reported in Quantitation of the property of the	nent n. E15 ident o ensure onducted egarding cal ents of to review oper on has	Completion Date: 06/23/2023 Status: APPROVED Date: 05/18/2023

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 59 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS. 208 FERNBROWYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
F 0684 SS=G	Based on clinical recorreview of facility docuthat the facility failed treceived treatment and professional standards Registered Nurse assess unwitnessed fall causin care and treatment. Rex-ray report read until from the initial fall for The lack of assessment pain and delay in care diagnosed with a left for 17 residents reviews Findings include: Review of Resident Rathat the resident was as December 19, 2020, where the formula is a programment of the programment	mentation, it was detected a residence of practice by not have a resident R29 following undue pain and a resident R29 did not have a resident R29 who are a resident R29 who are a resident R29 who are a resident R29) 29's clinical record resident R29 29's clinical record resident R29	termined ent with aving a owing an delay in ave an autes reviewed. n, undue o was e, for one evealed y on left causes the o die),	F 0684			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 60 of 76

***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		396120		B. WING:		04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
F 0684	Continued from page 60			F 0684			
SS=G	the development of mu as memory impairment disturbance, muscle we Review of Resident R2 December 26, 2022, reconsidered a moderate interventions recommenon-skid footwear, free visualization of staff, but Review of Resident R2 Set (MDS- assessment dated February 3, 2023 had a BIMS (Brief Interventions of 3 which indicated revealed that the resident assistance for bed mob with transfers and ambut Review of Resident R2 February 6, 2023, reversides	t) with severity and leakness, history of face akness, history of face 29's fall assessment, evealed that the residence for falls. The ended included a "low quent checks, sit in broad chair, chair loc 29's quarterly Minime of resident's care near review of Mental Stated that the resident Continued review of the entered extensive of the properties of the entered extensive polity and limited assimulation of one personal 29's care plan, dated	behavioral alling. dated ent was w bed, ked." um Data eds) esident tus) was the MDS estance istance				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 61 of 76

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	ΞY
		396120		B. WING:		04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
F 0684	Continued from page 61			F 0684			
SS=G	history of falls/injury a need. The interventions rails to bed as enablers participate in activities minimize the potential was wearing appropria and provide slipper soci indicated for nighttime. Review of nursing note 7:00 a.m. revealed "CN nurse resident observed bed with blankets over symptoms) of injury, n Resident assisted back supervisor made aware. Review of a Nursing mat 1:02 p.m. revealed: 'to left inner thigh, stati in pain during assessment revealed v R>L [right greater than	s developed included, encourage and assist or social settings the for falls, ensure that the footwear while outless or non-skid slippe and hourly checks. It dated February 26, IA (nurse aide) called laying on floor next her, no s/s (signs and o c/o (complaint) patto bed. Nsg (nursing to bed. Nsg (nursing true) the dated February 2 (Resident moaning, ing 'it hurts'. Resident ent of lower extremitisually swollen b/l k	d half side st to at a resident at of bed ers as 2023 at ad to at to her d in. 20, 2023 pointing at cried out ties. nees,				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 62 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER 396120				PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 04/24/2023	EY	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
F 0684 SS=G	noted. Resident medical order an lidocaine pate some relief noted. Call spoke with on call phy readback and verified at Left hip. Resident restriction to monitor." Continued review of many February 27, 2023, at a results of the X-ray review fracture of the subcapit Orders were obtained at to the local hospital for By not having a Regist R29 following an unwand a delay in care and not have an x-ray report minutes from the initial caused actual harm, un Resident R29 who was femoral neck fracture.	ches placed to b/l kneed out to [Doctor's Offician Order giver for X-Ray to B/L kneed of the sing comfortably in classification of the sing comfortably in classification of the sing comfortably in classification of the resident to be revaluation. The same assess Resident of the sident of th	ee with ice], a, ee and hair, will n dated the cute neck. transfer esident andue pain 1829 did s and 10 sessment in care to	F 0684			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 63 of 76

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		396120		B. WING:			
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
F 0684	Continued from page 63			F 0684			
SS=G							
	Review of nursing doc	umentation dated M	arch 1,				
	2023, revealed that the	· ·					
	informed that after inv	•	•				
	determined that the res that caused her hip frac		er room				
	Review of physician's revealed that the reside facility after "a fall res fractures. She had a lef on February 28, 2023."	ent was re-admitted t ulting in left femoral ft total hip replaceme	o the l neck				
	Employee E11, Nurse dated February 27, 202 was doing my rounds a screaming and I stop to so I kept on to the net [next] roor room I hard [heard] so the nurse was out in the hall and I as looking for where the integral of the state of the s	23 (11pm-7am) reveal and I hard [heard] so be listen I didn't hear a some so when I came or reaming again but the key her did she hear so	meone anything ut the is time we start				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 64 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/OF IDENTIFICATION NUMBER 396120				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/24/2023	EY	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
F 0684 SS=G	nurse whent [sic - went] in [laws right behind her at on the floor with both of her so I start helping me so when I try to pushe start screaming me have to send her out shourse walk out the root so I got [Resident R29 work so the next night the nurse came to me at R29] in bed because at her but never did and roext shift i thought every axray was coming." Review of a witness st 2023, by Nursing Superevealed "I regret that and assess the situation Resident R29 was comment."	t the same time she was blankets and her babe is her up the nurse state ther all the way in the preson I said your goine said ok the im told the nurse superior back in bed i finish well that night where and ask can I put [Rest Ray was about to come i didn't say anything eryone knew because attement, dated February Ervisor, Employee El I did not immediately in keeping in mind that fused and may have	y on top urt helping ne bed ng to ervision n my n i came in sident ome for ng to the e they said uary 27, 15, y get up at fallen.	F 0684			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 65 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
	396120		B. WING:		04/24/2023	
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, P	OOK AVEN			
PREFIX MUST BE PRECEEDED	OF DEFICIENCIES (EACH DEI D BY FULL REGULATORY OF YING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
F 0684 Continued from page 65			F 0684			
up wondering through the residents rooms." The Registered Nurse Son Resident after a fall for result facility staff then the ground to the bed work Registered Nurse for poresident to scream out in Resident. Interview on April 21, 20 aide, Employee E11, con aide assigned to Resident Resident R29 wrapped the floor mattress and son resident bed was in low "complaint of her pain in bleeding, bruising. I tole her out." Review of a witness stafe 2023, by Licensed Prace	Supervisor not assess possible injuries an transferring the resignation of the possible injuries, caused an pain causing harm 2023, 1:45 p.m. with onfirmed that she want R29 and that she up in a blanket rolle creaming for help. To position, Resident in her leg, there was defined the nurse we need the tement dated February and the first position.	sing the d as a ident off at from a sed the a to the an nurse as a nurse found and over The R29 as no a to send				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 66 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 396120				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/24/2023		
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, 208 FERNBROWYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
F 0684	Continued from page 66			F 0684			
SS=G	revealed "It was aroun into the room; it looke have either gotten twis or got up to walk and goes get up at night to room and we have to rher legs and then she so I lifted up her gown to unusual and did passages she was agitated that I can be her usual behave [Registered Nurse Suptold the [Registered Nurse Suptold the [Registered Nurse Suptold and with her bland Nurse Supervisor, Emgoing to consider that [Resident R29's] room that we're going to get [Registered Nurse Supnot visit the [Resident Interview on April 21,	d like [Resident R29 sted up and fell from got twisted. [Residen wonder into other peredirect herI did Resident see if I could see any ge ROM of her arm, was touching her at vior. Then I went to be evisor, Employee Eurse Supervisor, Employee Eurse Supervisor, Employee E15] said "we a fall." I went back to and told CNA (nursher up and put her intervisor, Employee E R29].	may the bed t R29] eople's COM of her arm. ything because all, which 15] I ployee ing her egistered ere not o e aide) in the bed. 15] did				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 67 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 396120				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/24/2023		
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
F 0684 SS=G	Continued from page 67 Licensed Practical Nurthat she was a nurse as night shift of February confirmed Resident R2 away from the floor midid a brief assessment Nurse, Supervisor, Emthat Resident R29 was Supervisor, Employee doing an incident report upper extremity/lower lifted her up to standing to bed. I cannot give an documentation in the mot notify the coming a unwitnessed fall." Review a witness state 2023, by Nursing Supervealed "I regret that and assess the situation Resident R29 was continued to the standard state of the standard standar	signed to Resident 2 25, 2023. Employee 29 was laying on storat on the bare floor. and went to Register ployee R15. "I advis found on the floor." E15 told me that we rt. I went back to RC extremity arms and gs position and trans a explanation why the esident's clinical reconurse of the possible ment, dated Februar ervisor, Employee E I did not immediately a keeping in mind the fused and may have	9 on E E9 mach, and That she red sed her The RN 're not DM of leg and sferred her here's no ord. I did	F 0684			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 68 of 76

PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/24/2023	ΞY
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS 208 FERNBROWYNCOTE, 1	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
F 0684 SS=G	up wondering through residents rooms." The facility failed to entreatment and care in a standards of practice by Nurse assess Resident unwitnessed fall causing care and treatment. Research read until from the initial fall. The actual harm, undue particular Resident R29 who was femoral neck fracture.	nsure that a resident accordance with professions and accordance with professions and accordance pain and a sident R29 did not have a sident R29 did	received dessional detered delay in ave an autes at caused to	F 0684			
	Refer to F600 and F65 28 Pa. Code 201.18 (b)		ent				
	28 Pa. Code 211.5(h)C 28 Pa. Code 211.11(d)		es				

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 69 of 76

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		396120		B. WING:		04/24/2023	
РНОЕВЕ V	VIDER OR SUPPLIER: WYNCOTE E NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, F	OOK AVEN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
F 0684	Continued from page 69			F 0684			
SS=G							
	28 Pa. Code 211.12(c)	Nursing services					
	28 Pa. Code 211.12(d)	(1)(3) Nursing service	ces				
	28 Pa. Code 211.12(d)(3) Nursing services						
	28 Pa. Code 211.12(d)	(5) Nursing services					

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 70 of 76

-	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	` '			(X3) DATE SURVEY COMPLETED:	
		396120			<u></u>	04/24/2023	
PHOEBE V		OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O		OOK AVEN		*	(XS) COMPLETE
TAG		FYING INFORMATION)	K LDC	TREFER TAG	CROSS-REFERENCED TO THE A		DATE
F 0684 SS=G	Continued from page 70			F 0684			
F 0688 SS=D	483.25(c)(1)-(3) Increase/Prevent Decrease in ROM/Mobility §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:		oes not action on ase n range	F 0688	-Splint for R40 is being place OT recommendations. Splint been careplannedDON/ADON reviewing all on RNP to ensure program is placeLicensed nurse and Rehab s be educated on system that wensure therapy recommendatin placeDON/ADON will audit mor results will be presented in Q	residents s in staff to will tions are	Completion Date: 06/23/2023 Status: APPROVED Date: 05/18/2023

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 71 of 76

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		396120				04/24/2023	
PHOEBE V	VIDER OR SUPPLIER: WYNCOTE SE NUMBER: 232102		STREET ADDRESS, 208 FERNBRO WYNCOTE, I	OOK AVEN			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0688 SS=D	Continued from page 71	Arginismonthicismis Granismonthicismis	Application of the second of t	F 0688			
F 0690 SS=D	483.25(e)(1)-(3) Bowel/Bla §483.25(e) Incontinence. §483.25(e)(1) The facility in continent of bladder and boservices and assistance to more reclinical condition is continent of bladder and boservices and assistance to more reclinical condition is continent of bladder and boservices and assistance to more reclinical condition is contined to the resident's compactification of the catheterized of the catheter is not catheterized to condition demonstrates that (ii) A resident who enters the catheter or subsequently recremoval of the catheter as sor resident's clinical condition catheterization is necessary:	nust ensure that resident wel on admission received a intain continence unless or becomes such that continence with urinary incontinent prehensive assessment, the facility without an indunless the resident's clinical catheterization was necessary as a second as possible unless the demonstrates that	who is es ss his atinence ce, he welling ical essary; lling	F 0690	-R44 was placed on void tria appropriate follow up with u scheduled to determine diagrand any further needed treatr Physician order obtained for catheterAll residents with urinary care being review for presence order, appropriate diagnosis follow up necessary with urculupon admission and if implany time during stay resident urinary catheter, Nursing will appropriate diagnoses, order any needed follow-up. Licen Nurse staff will be educated -DON/ADON will audit mor results will be presented in Contract of the contract o	artheters e of and any blogy. lements t has ll ensure and ased on this. nthly and	Completion Date: 06/23/2023 Status: APPROVED Date: 05/18/2023

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 72 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/A IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:				
396120			B. WING:			04/24/2023			
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, CITY, STATE, ZIP CODE: 208 FERNBROOK AVENUE WYNCOTE, PA 19095						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
F 0690 SS=D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION) Continued from page 72 (iii) A resident who is incontinent of bladder received appropriate treatment and services to prevent urinary infections and to restore continence to the extent poor the resident's comprehensive assessment, the face must ensure that a resident who is incontinent of board receives appropriate treatment and services to restor much normal bowel function as possible. This REQUIREMENT is not met as evidenced by:		y tract ssible. s, based ility wel	F 0690					

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 73 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/24/2023			
		396120				0 1/2 1/2020			
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE			STREET ADDRESS, CITY, STATE, ZIP CODE: 208 FERNBROOK AVENUE						
STATE LICENSE NUMBER: 232102			WYNCOTE, PA 19095						
STATE LICENS	E NUMBER: 232102								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	(X5) COMPLETE DATE			
F 0690	Continued from page 73			F 0690					
aa 5									
SS=D	Based on clinical recor	rd review facility no	liev						
			•						
	review, and staff interview, it was determined the facility failed to ensure that a resident who was								
	admitted to the facility with a urinary catheter v								
	assessed for its removal in a timely manner for								
	of 19 residents reviewed. (Resident R44)								
	Findings include:								
	Review of facility policy and procedure titled								
	"Urinary Catheter Management," reviewed								
	December 14, 2020, revealed "Urinary cathete								
	insertion is implemented when clinically indic								
	using the following guidelines: Urinary retention								
	cannot be medically or surgically corrected an								
	which alternative therapy is not an option								
	characterized by: a. Documented PVR volumes								
	over 350 milliliters. B. inability to manage to								
	incomplete bladder emptying or urinary reter								
	with intermittent catheterization. C. persisten								
	overflow incontinence, systematic infections								
	renal disaccustoming. 2. Contamination of stag								
	4 pressure ulcer which has impeded healing. 3.								
				1		ļ			

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 74 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 396120			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/24/2023				
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE STATE LICENSE NUMBER: 232102			STREET ADDRESS, CITY, STATE, ZIP CODE: 208 FERNBROOK AVENUE WYNCOTE, PA 19095						
(X4) ID PREFIX TAG	MUST BE PRECEED!		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE			
F 0690 SS=D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES MUST BE PRECEEDED BY FULL REGULATORY OR LEGENTIFYING INFORMATION) Continued from page 74 Terminal illness or severe impairment which positioning or clothing change painful." Review of Resident 44's clinical record reveal admission on March 14, 2023, with a diagnostic included retention of urine, encounter for fitting adjustment of urinary device. Review of Res. R44's current physician orders did not reveal order for a urinary foley catheter. A Brief Interferometer for a urinary foley catheter for a urinary foley catheter for a urinary foley catheter follows a serious formation of a feet of the facility with a "16fr foley cath in place 100cc tea color urine". Observations of Resident R44 on April 19, 22:02 p.m.; April 20, 2023, at 9:49 a.m.; and 421, 2023, at 9:37 a.m.; revealed the resident lurinary foley catheter.		ealed nosis that itting and esident al any interview 2022, severely ed, arrived ce draining 2023, at I April	F 0690					

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 75 of 76

***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396120		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/24/2023		
NAME OF PROVIDER OR SUPPLIER: PHOEBE WYNCOTE			STREET ADDRESS, CITY, STATE, ZIP CODE: 208 FERNBROOK AVENUE					
STATE LICENSE NUMBER: 232102			WYNCOTE, P	A 19095				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE			
F 0690	Continued from page 75		F 0690					
SS=D	Interview conducted with the Director of Nu (DON) on April 21, 2023, at 9:37 a.m. confine that Resident R44 had a urinary foley catheter there was no other reason in the clinical reconshow the necessity of the foley catheter beside diagnosis of retention of urine. DON confirm facility failed to assess the necessity of the urinary foley catheter for Resident R44 nor has not completed a trial for the possible removal of urinary foley catheter. 28 Pa. Code 211.11(d) Resident care plan 28 Pa. Code 211.10 (d) Resident care policies 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.		firmed eter and cord to sides the rmed that urinary of the					

CMS-2567L E6ZR11 IF CONTINUATION SHEET Page 76 of 76



Certified End Page

PHOEBE WYNCOTE

STATE LICENSE NUMBER: 232102 SURVEY EXIT DATE: 04/24/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janine

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY